APPENDIX
COMMENT ON THE INTERIM REPORT

This appendix summarizes comment and feedback on the June 2002 Interim RIW Report.

Several comments endorsed a temporary waiver for the IHS from the "One-HHS" initiative. The final report recommendation 2.10 states "The HHS Secretary must exempt the IHS from full-time equivalent (FTE) and budget reductions since the Agency is under funded and had recently restructured in order to shift administrative resources to direct services in communities where Indian people are served."

Numerous comments called for the federal government to honor the government-to-government relationship by allowing Tribes sufficient time to review and comment on HHS recommendations. RIW members concur. The final report maintains references to the government-to-government relationship as one of the eight "core" principles to guide restructuring plans. The RIW members support expansion of the time frames allowed for review, response, input, and participation in the consultative process.

Several comments "call for the DHHS to conduct meaningful consultations with Indian Tribes before taking actions that would affect Indian health care." RIW members concur. Members note that the RIW is not the sole vehicle for tribal consultations. The RIW is part of a process in which tribal leaders and stakeholders are engaged in shaping plans and policies that affect Indian Country. The RIW provides input from Indian Country in the form of recommendations to the Director, IHS. Ultimately, the federal government, including the IHS and HHS, has a responsibility consult directly with Tribes before taking actions that affect Indian health care programs.

Most comments opposed consolidation of IHS functions within HHS. Some opposed consolidation of the IHS Office of Congressional and Legislative Affairs because of negative impacts on the government-to-government relationship with Tribes. Others recognized potential benefits from closer coordination with HHS for financial management and data systems. The final report maintains recommendations opposing consolidation with HHS that would decrease IHS resources, which are already under funded. Section 5, "One-HHS Proposals & the President's Management Initiative" in the final report offers a number of alternative ways to help achieve HHS goals for greater efficiency without loss of resources for Indian health.

Several comments stated that HHS consolidations "would undermine Indian self-determination …" One stated "Renewed concern about pre-emptive steps taken by HHS had decreased consultation in the IHS budget formulation process that threatened appropriations for Indian health." RIW members concur. The final report references "Core Principles in Indian Health" to maintain Indian Self-Determination and Tribal consultation.

Several comments referenced an obligation of the federal government to "respect the rights granted by treaties." One noted that "federal trust responsibility to American Indians would be diminished" if HHS consolidates portions of IHS into HHS. RIW members concur. The final report contains references in Section 2, "Core Principles in Indian Health" to maintain Federal Trust Responsibility and Tribal Sovereignty.

One comment "opposed the process completely." While most RIW members oppose "One-HHS" consolidation proposals and call for HHS to consult directly with Tribes, most RIW members also feel that Indian people must take advantage of the opportunity afforded by the RIW. This view is expressed in the final report as "The internal and external forces putting pressure on the Indian health care system will not go away if we ignore them. This is an opportunity for Indian country to guide change. If we let this opportunity pass, we run a risk that others will do it for us – maybe in ways that are not in our best interest."

One comment "supports adoption and implementation of the RIW recommendations." The final report maintains most recommendations of the interim report and adds new options and detail for internal restructuring to prepare the system for changes anticipated during the next 5-7 years.

Several comments advocate for a stronger health emphasis in the RIW report especially for disease prevention and health promotion. Important work conducted by the RIW since the interim report examined the impact of health care trends on the Indian health care system. This work resulted in a new Section 7, "A Look 5-Years into the Future," which extensively explores health implications and options. Section 7 of the final report includes new reforms to address Indian health disparities including a new balance among treatment and rehabilitation, disease prevention, and public health programs. Recommendations 7.1 "Prevention is Key," 7.2 "Focus on Behavior and Lifestyle," and 7.3 "Strengthen Public Health Capacity" are a direct result of RIW members concern for a greater focus on health in its options for the future.

At least one comment mentioned that FTE charts did not include tribal employees and therefore would understate restructuring in recent years. The final report acknowledges that data for the tribal health care workforce is unavailable and that the FTE trends in Figure 4.1, 4.2, and 4.3 are understated. Note that the addition of tribal data, if available, would likely augment the rising trend already evident for the front-line workforce.

Several comments wanted "more specific" restructuring plans. The final report includes new recommendations for internal restructuring in sections 7 and 8. Subsequent analysis of technical factors is necessary.

Several comments cited inadequate resources, e.g. "the government needs to properly fund the agency before it can expect big results." One requested that "FDI per capita" information be included in the report. Another stated "there is far too little health care resources for increasing populations with worsening health statistics." Another stated "DHHS restructuring fails to take into account the historic under funding of the IHS." Another stated "firm opposition to any effort to offset third party collections." In section 3, "Troubling Disparities-Unequal Health Care," data from the Federal Disparity Index is cited along with other benchmarks to document inadequate funding for Indian health. The following statement was added in the final report: "On a per capita basis, IHS funding translates to 55 percent of the cost of mainstream health insurance plans." Recommendation 6.1, in subsection "Filling in Resource Gaps" states: "Double IHS funding on a per capita basis to bring resources for Indian health in line with those available to other Americans."

A number of comments included statements such as "we support the RIW recommendations and would like to have Finance, Contracts, and Human Resources retained at the Area." The final report recommendations include realignments of administrative functions to improve performance. The report defers location decisions to allow necessary technical analysis of cost, access, balance of work, etc., and after appropriate consultation with Tribes. As a transition step, formation of regional support teams "in place" can begin without staff relocation.

Several comments noted that the "IHS has been downsized already" and oppose additional downsizing. One states "during the past 5 years, the IHS had already undergone massive restructuring downsizing, reassignments with decentralization, and transfers to Tribes. The impact of proposed staff reductions has a cumulative effect that poses increasing danger." The prior restructuring and downsizing of administrative functions at IHS headquarters and Area Offices is documented extensively in section 4, "Recent Reforms in IHS" which states "The IHS has achieved downsizing during the past 6-8 years and its administrative functions are now about as lean as can reasonably be expected." The final report also notes that "Timeliness and quality of administrative support services will erode further unless the IHS organizational structure and operational work processes are transformed to address declining resources and changing needs."

One comment included observations on advantages and disadvantages of the Commissioned Officers (CO) versus Civil Service (CS) employment systems. The RIW did not specifically analyze relative benefits of either

the CO or CS approach. However, recommendation 7.5 suggests a comprehensive reexamination of the workforce mix needed for Indian health.

One comment identified the "historical information in the report is its great strength." The final report retains explanation of core principles which are critical to Indian people and a description of poor health conditions and unmet needs in Indian Country. Members of the RIW believe that it is unwise to plan for the future without first examining the past.

There were several questions about the "affects on Tribal shares." At least one comment opposed consolidation with HHS because it would eliminate ability to track tribal shares. In section 5, subsection "Tribal Self-determination Rights", the reports states support for Tribal self-determination rights and recommended in 5.11 "Ensure that IHS reforms accommodate and affirm Tribal rights to compact, contract, or retain IHS to operate health programs directly." And in recommendation 5.12 "Track all realigned resources to ensure that resources available to the Tribes (known as Tribal shares) are not reduced as consequence of reforms."

There were several questions about "affects on Indian Preference." One comment stated "eliminating the authority for Indian Preference would harm Indian self-determination." Preservation of "Indian Preference" for the IHS workforce was one reason the RIW opposed transfer of FTE to HHS where preference could be lost. Section 5 includes the following reference: "The IHS operates under a unique law that applies Indian Preference in hiring and promotion practices. Sixty-nine percent of the IHS work force are members of federally recognized Tribes. Their diverse cultures and traditions create a unique work force and work environment."

One comment requested clarification of "performance contracts." Recommendation 5.3 states "The HHS should use performance contracts and inter-agency agreements to ensure accountability to the Secretary." The performance contracts refer to performance targets for the IHS during each fiscal year. The RIW believes that HHS restructuring goals can be accomplished with this mechanism rather than with organizational consolidation.

One comment suggested that information technology issues should be deferred to the national tribal/IHS Information Systems Advisory (ISAC). The RIW reviewed ISAC plans and endorses investment in technological infrastructure needed to adapt to changing conditions and needs expected during the next 5-7 years. The RIW agrees that the ISAC and Business Plan workgroups are better equipped to address technical details of IT plans.

Several comments expressed concerns and questions regarding urban Indian health organizations being given the same considerations/eligibility as Tribes. "Urban Indians are not designated in the report. Are Urban Health Programs included in all the recommendations?" The RIW members acknowledge the health care needs of tribal members living in urban areas and that Urban Indian projects are an important and severely under funded leg in the 3-leg I/T/U health care system. A representative from the National Council of Urban Indian Health was a member of the RIW and was present at most meetings. Throughout the final report the term "Indian health system" is used to avoid designating separate parts of the Indian health care system and to reinforce inclusiveness of all programs serving Indian people. Except for recommendations specifically addressing tribal governments regarding treaties, government-to-government, and sovereignty principles, etc., and except where authorizing legislation limits applicability to urban Indian health programs, all other RIW recommendations apply equally to all parts (I/T/U) of the Indian health care system.

One comment endorsed posting a "Patient Bill of Rights" in all I/T/U sites. Recommendation 2.14 in the final report states: "The IHS must clarify its Patient Bill of Rights to ensure both a high quality and level of services for American Indian and Alaska Native patients."

Several comments questioned "how Indian health fits into the President's management agenda?" Section 5, "One-HHS Proposals and the President's Management Agenda," explores this in detail. The final report identified

goals corresponding with President's agenda, but offers other means to achieve them. RIW recommendations insist that "savings" be reinvested into additional health services for Indian people.

One comment endorsed "standardization of data systems and protocols to assure that all locations work together." Section 8 in the final report, maintains a sub-section "Investment in Information Technology" and adds that technology and information infrastructure is essential to achieving the RIW vision for a stronger health care system nation-wide including implementation of regional support teams and other measures to improve support to the front line health delivery programs.

One comment noted that the Interim RIW report "makes numerous recommendations that are designed to accommodate the restructuring and expand health and human services to American Indians, protect tribal sovereignty, honor the government-to-government relationship, increase health care funding and not further erode federal services to Indian people." The final report reaffirms recommendations cited in this comment.

One comment noted "the report should focus on past IHS downsizing and compare it to other agencies." Another comment stated "Downsizing: the agency is at the point of implosion!" Section 4, "Recent Reforms in IHS," explores downsizing at IHS since 1995. Data on other HHS agencies is not available. Downsizing in IHS is one reason the RIW does not support further downsizing. However, the downsized administrative support system needs to improve performance. In section 8, "Internal Restructuring Reforms," the RIW concluded that neither the IHS administrative organizational structure nor its operational work practices have fully adapted to the reality of significantly less resources. Not adapting the system has resulted in degraded support to the front line programs. This is the primary justification for internal realignments of administrative functions.

One comment recommended "engineering positions in Dallas and Seattle be decentralized and sent to the Areas to directly work with the Areas and the Tribes." Recommendation 8.16 of the final report states "The RIW does not recommend further consolidation or dispersal at this time of engineering functions now located in Dallas and Seattle." However, members of the RIW believe that further study of this issue is appropriate especially in view the HHS proposal to consolidate HHS facilities programs in FY 2004.

Several comments endorsed ideas for Tribes and urban centers to increase access to opportunities for direct funding and grant eligibility including bio-terrorism resources. In Section 8, "Internal Restructuring Reforms," a new subsection "Investment to Access Resources" is included in the final report. It offers 8 new recommendations designed to assist Tribes and urban programs realize all resources for which they are eligible.

Several comments expressed questions, concern, and "unease" about the 51st state concept mentioned in Recommendation 2.5 which seeks expanded eligibility for grants and resources from other agencies by granting Tribes status as a 51st state. Some thought the term was confusing, raised unnecessary constitutional issues, and that the federal government could contract/grant directly with Tribes without designation as 51st state. Some want Tribes designated with "special status" other than as 51st state. Recommendation 2.5 was revised to read "The HHS Secretary must provide to Tribal Governments direct eligibility for HHS grants and access to funds from other HHS agencies that are normally reserved only for states.." The revision focuses on the desired outcome - eligibility for funds normally reserved for states - and avoids unnecessary constitutional questions.

Several comments opposed consolidation of IHS area offices. One comment "opposed regionalizing or physically relocating administrative functions" due to concerns about timeliness and responsiveness. In section 8, "Internal Restructuring Reforms," of the final report recommendation 8.3 states: "No IHS Area Office will close." Area offices will continue as a point of access for Tribes and will continue providing technical assistance to front line health care programs. While the mix of components at each Area office may vary overtime, all front line health care programs will have access to the full array of administrative support services from the combination of Area Office and regional center.